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FINANCIAL DISCLOSURE STATEMENT
(For use by Public Officers and Candidates of the State of Arizona)

Name of Public Officer or Candidate **Jan Brewer**

Address



Public Office Held or Sought **Governor** District # **State of Arizona**

Check one:

☒ I am a public officer filing this statement covering the 12 months of calendar year **2010**.

☐ I am a candidate for a public office, and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of _____ of **20** to the month _____ of **20**.

☐ I have been appointed to fill a vacancy in a public office and am filing this Financial Disclosure Statement covering the 12 month period ending with the last full month prior to the date I took office.

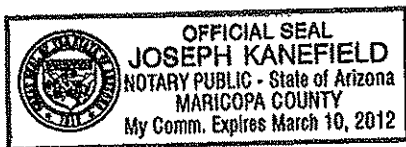
VERIFICATION

I do solemnly swear that the Financial Disclosure Statement filed herewith is in all things true and correct, and fully shows all information I am required to report pursuant to A.R.S. § 38-542.

State of Arizona
Maricopa County

Signature of Public Officer or Candidate

SUBSCRIBED AND SWORN to (or affirmed) before me this 31st day of January, 2011.



Notary Public

March 10, 2012
My Commission expires

(Seal)

SECTION A: PERSONAL DISCLOSURE

1. Names

What to disclose: Your and your spouse's names and the names of minor children of whom you have legal custody.

YOUR NAME	Janice K. Brewer
YOUR SPOUSE'S NAME	John L. Brewer
CHILDREN'S NAMES	No minor children

2. Sources of Personal Compensation

What to disclose: The name and address of each employer who paid you, your spouse, or any member of your household more than \$1,000 in salary, wages, commissions, tips or other forms of compensation during the period covered by this report. Describe each employer's business and the services for which you or a member of your household were compensated.

Also, list anything of value that any other person, outside your household, received for your use or benefit of you or any member of your household. For example, if a person was paid by your employer to be your housekeeper, list that person's wages and the name of the employer.

You need not disclose: Any money you or any member of your household received that was gross income paid to a business you or your household member owned.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	NAME AND ADDRESS OF EMPLOYER OR OTHER SOURCE OF COMPENSATION OVER \$1000	DESCRIPTION OF EMPLOYER'S BUSINESS AND SERVICES PROVIDED BY PUBLIC OFFICER OR MEMBER OF HOUSEHOLD
Janice K. Brewer	State of Arizona 1700 W Washington Phoenix, AZ 85007	Arizona State Government Elected Public Official Office of Governor
John L. Brewer	Arizona State Retirement System PO Box 33910 Phoenix, AZ 85067	Arizona State Retirement Fund Employee Retirement Annuity

3. Professional, Occupational and Business Licenses

What to disclose: List all licenses issued to or held by you or any member of your household at any time during the period covered by this Statement.

TYPE OF LICENSE OR PERMIT	NAME IN WHICH LICENSE IS ISSUED	PUBLIC OFFICER OR HOUSEHOLD MEMBER HOLDING LICENSE, IF NOT ISSUED IF OWN NAME	JURISDICTION(S) OF LICENSE	LOCATION OF BUSINESS

4. Personal Creditors

What to disclose: The name and address of each creditor to whom you, or a member of your household owed a personal debt over \$1000 during the period covered by this Statement. If the debt was incurred or discharged during this period, list the date and whether it was incurred or discharged.

You need not disclose: Debts resulting from the ordinary conduct of a business (disclose those in Section C). Debts on residences or recreational property, on motor vehicles not used for commercial purposes, on debts secured by cash values on life insurance, or debts you owe to relatives, personal credit card transactions or installment contracts.

PERSONAL DEBTS OVER \$1,000			
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWING THE DEBT	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
No personal creditors over \$1,000 to disclose in this period.			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Statement, and the approximate value of the debt (See last page of value categories). If the debt was incurred or discharged during the period covered by this Statement, report the date and whether the debt was incurred or discharged.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY			
NAME OF DEBTOR	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
No personal debtors over \$1,000 to disclose in this period.			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts with a value over \$500, if that gift does NOT fit into a category below.

You need not disclose: Gifts you or a household member received by will, intestate succession, *intervivos* (living) trusts, or testamentary trusts established by a spouse or ancestor. Gifts received from any other member of the household or relatives to the second degree of consanguinity (parents, grandparents, siblings, children and grandchildren) or political contributions reported on campaign finance reports.

NAME OF DONOR OF GIFTS OVER \$500	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD – RECIPIENT
No gifts over \$500 to disclose in this reporting period.	

SECTION B: REPORTABLE INTERESTS

7. Offices or Fiduciary Relationships in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or non-profit organization or association in which you or any member of your household held any office OR had a fiduciary relationship during the period covered by this Statement. Describe the office or relationship.

NAME OF ORGANIZATION AND ADDRESS	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	OFFICE OR FIDUCIARY RELATIONSHIP
Dr. John L. Brewer and Associates, PC [REDACTED]	John L. Brewer	President, Secretary, Treasurer
The Brewer Family Trust [REDACTED]	John L. Brewer Janice K. Brewer	Trustee Trustee
Dr. John L. Brewer and Associates, PC Profit Sharing Plan Trust [REDACTED]	John L. Brewer	Trustee
See Statement A for continuation of Page 5, question 7.		

8. Ownership or Financial Interest in Trusts, or Investment funds

What to disclose: The name and address of each business, trust, investment or retirement fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000. This includes stocks, partnerships, joint ventures, sole proprietorships, annuities, mutual funds and retirement accounts. List the percentage of ownership or interest, and categorize the value of the equity. (See last page for value categories.)

NAME AND ADDRESS OF BUSINESS OR TRUST	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY
Dr. John L. Brewer and Associates, PC [REDACTED]	John L. Brewer, corporate shares held by The Brewer Family Trust, John L. and Janice K. Brewer, trustees	Health Care Consulting 100%	3
The Brewer Family Trust [REDACTED]	John L. and Janice K. Brewer, trustees of The Brewer Family Trust	Family Trust 100%	3
Dr. John L. Brewer and Associates, PC Brewer Profit Sharing Plan Trust [REDACTED]	John L. Brewer, officer of the corporation and trustee of the corporate sponsored trust John L. Brewer - vested interest Janice K. Brewer - vested interest	Profit Share Trust 84% 16%	3 3
See Statement B for continuation of page 5, question 8.			

9. Bonds

What to disclose: Bonds issued by a single agency worth more than \$1,000 that you or a member of your household hold, or held during the period covered by this Statement. If the bonds were acquired or divested during the period, report the date that occurred.

BONDS OVER \$1,000	ISSUING AGENCY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	VALUE CATEGORY	DATE ACQUIRED AND/OR DIVESTED
State of Arizona - FSAXX Fidelity Investments – #4119 Fidelity Investments – #1849 Fidelity Investments – #1857 Municipal Money Market	State of Arizona	The Brewer Family Trust, John L. and Janice K. Brewer, trustees	3	01/05/09 <input checked="" type="checkbox"/> Acquired <input type="checkbox"/> Divested
State of Arizona - FSAXX Roth IRA / Traditional IRA Fidelity Investments – #8175 Fidelity Investments – #6260 Municipal Money Market	State of Arizona	Janice K. Brewer	3	12/30/10 <input checked="" type="checkbox"/> Acquired <input type="checkbox"/> Divested
State of Arizona - FSAXX Roth IRA / Traditional IRA Fidelity Investments – #8701 Fidelity Investments – #8511 Municipal Money Market	State of Arizona	John L. Brewer	3	12/30/10 <input checked="" type="checkbox"/> Acquired <input type="checkbox"/> Divested

10. Real Property Ownership

What to disclose: Arizona real property and improvements to which you or a member of your household hold, or held title during the period covered by this Statement. Describe the property's location and approximate size. Using the value categories (see last page) report the value of your equity. If that property was acquired or divested during the period covered by this Statement, list the date and what occurred.

You need not disclose: Your primary residence or property you use for personal recreation.

LOCATION AND APPROXIMATE SIZE OF ARIZONA REALTY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	EQUITY BY VALUE CATEGORY	DATE ACQUIRED OR DIVESTED
No Arizona real property to disclose in this reporting period.			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested

SECTION C: BUSINESS INTERESTS

11. Business Names

What to disclose: The name of any business under which you or any member of your household did business during the period covered by this Statement. Include corporations, limited liability companies, partnerships and trade names. Using the definitions provided in statute, disclose if the business named is controlled or dependent. If the business is both controlled and dependent, mark both boxes.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	BUSINESS NAME	BUSINESS ADDRESS	CONTROLLED AND/OR DEPENDENT BUSINESS
John L. Brewer	Dr. John L. Brewer and Associates, PC An Arizona professional corp.	Dr. Brewer and Associates, PC [REDACTED]	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
John L. and Janice K. Brewer, trustees of The Brewer Family Trust	The Brewer Family Trust	The Brewer Family Trust [REDACTED]	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
John L. and Janice K. Brewer, trustees of The Brewer Family Trust, members, manager of the LLC	NNN/Mission Mallard Creek 3, LLC A Delaware limited liability company	Mission Mallard Creek 3, LLC c/o John L. Brewer [REDACTED]	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
John L. and Janice K. Brewer, trustees of The Brewer Family Trust, members, manager of the LLC	JKB, LLC An Arizona limited liability company	JKB, LLC c/o John L. Brewer [REDACTED]	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
John L. and Janice K. Brewer, trustees of The Brewer Family Trust, members, manager of the LLC	JLB Consulting, LLC An Arizona limited liability company	JLB Consulting, LLC c/o John L. Brewer [REDACTED]	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent

IMPORTANT: IF A BUSINESS LISTED ABOVE DID NOT GROSS MORE THAN \$10,000 OR PROVIDE MORE THAN 10% OF YOUR PERSONAL COMPENSATION DURING THE PERIOD COVERED BY THIS STATEMENT, YOU DO NOT NEED TO COMPLETE THE REST OF THIS STATEMENT.

12. Controlled Business Information

What to disclose: The name of each controlled business you listed above, and the goods or services provided by the business. If a single client or customer (person or business) accounts for more than \$10,000 and 25% of the gross income, describe what it is your business provides to that customer or client. Then, in column 4, describe what the client/customer's business does (if your major client is a person, leave the last column blank). If you do not have a major client, leave the last two columns blank.

You need not disclose: The name of any customer or client, or the activities of any customer or client who is an individual rather than a business.

NAME OF YOUR CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY YOUR BUSINESS	WHAT YOUR BUSINESS PROVIDES TO YOUR MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF MAJOR CUSTOMER OR CLIENT
Dr. John L. Brewer and Associates, PC	Consulting service	Consulting service	Not applicable, based on disclosure requirements
The Brewer Family Trust	Investments, acquisition and leasing of real property	Master tenant leases for rental of real property	Rental of apartment homes

13. Dependent Business Information

What to disclose: The name of each dependent business, the goods or services provided by the dependent business, the goods or services provided to the major customer or client and the business activity if the major customer or client is a business. If the dependent business is also a controlled business, disclose it only in response to #12, above.

You need not disclose: The name or identity of the customer or client, or the amount of income from the customer or client. If the customer or client is an individual (rather than a business), you are not required to disclose that person's activities.

NAME OF DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE BUSINESS	GOODS OR SERVICES PROVIDED TO THE MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF THE MAJOR CUSTOMER OR CLIENT, IF A BUSINESS

14. Real Property Owned by Business

What to disclose: Arizona real property and improvements the titles to which were held by a controlled or dependent business listed above. If the business is one that deals in real property and improvements, list the aggregate value of all parcels held in the period covered by this Statement. Describe the property's location and approximate size. Using the value categories (see last page) report the value of equity in your business. If the property was acquired or divested during the period covered by this Statement, list that and the date.

LOCATION AND APPROXIMATE SIZE OF ARIZONA REALTY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	EQUITY BY VALUE CATEGORY	DATE ACQUIRED OR DIVESTED
No Arizona real property to disclose during this reporting period			[] Acquired [] Divested
			[] Acquired [] Divested
			[] Acquired [] Divested

15. Business' Creditors

What to disclose: The name and address of each creditor to which your business owed more than \$10,000, if that amount was also more than 30 percent of your total business indebtedness at any time during the period covered by this Statement. If the debt was incurred or discharged during the period covered by this Statement, report that and the date.

You need not disclose: Debts resulting from a business other than a controlled or dependent business.

BUSINESS DEBTS OVER \$10,000 AND 30%		
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	NAME OF CONTROLLED OR DEPENDENT BUSINESS (FROM ITEM 3 OR 4)	DATE INCURRED AND/OR DISCHARGED
The Brewer Family Trust [REDACTED]	Dr. John L. Brewer and Associates, PC	December 23, 2010 <input type="checkbox"/> Incurred <input checked="" type="checkbox"/> Discharged
PNC Bank, NA c/o NNN/Mission Mallard Creek 1, LLC 1551 N Tustin Avenue, Suite 200 Santa Ana, CA 92705	NNN/Mission Mallard Creek, 3, LLC A Delaware limited liability company	December 30, 2004 <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged

16. Business' Debtors

What to disclose: The name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business which was owed at any time during the preceding calendar year. If the debt was incurred or discharged during the year, list that and the date. List value category.

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS			
NAME OF DEBTOR	NAME OF CONTROLLED OR DEPENDENT BUSINESS TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
Dr. John L. Brewer and Associates, PC	The Brewer Family Trust	2	December 23, 2010 <input type="checkbox"/> Incurred <input checked="" type="checkbox"/> Discharged
See Statement C for continuation of page 9, question 16.			

Value Categories: (from ARS § 38-542(B))

Category 1 - \$1,000 to \$25,000

Category 2 - More than \$25,000 to \$100,000

Category 3 - More than \$100,000


FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate Jan Brewer

Public Office Held or Sought Governor

Statement A - continuation of Page 5, question 7.

7. Offices or Fiduciary Relationships in Businesses, Nonprofit Organizations or Trusts

NAME OF ORGANIZATION AND ADDRESS	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	OFFICE OR FIDUCIARY RELATIONSHIP
NNN/Mission Mallard Creek 3, LLC 	John L. Brewer Janice K. Brewer	Member of LLC Member of LLC
Child Help, Inc. 15757 N 78 th Street Scottsdale, AZ 85260	Janice K. Brewer	Member of Board of Directors in 2010
Hope and A Future, Inc. PO Box 61172 Phoenix, AZ 85082	Janice K. Brewer	Non-voting Honorary Member of Board of Directors in 2010

FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate **Jan Brewer**
 Public Office Held or Sought **Governor**

Statement B - continuation of Page 5, question 8.

8. Ownership or Financial Interest in Trusts, or Investment funds

NAME AND ADDRESS OF BUSINESS OR TRUST	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY
State of Arizona Elected Officials Retirement Fund 1700 W Washington Phoenix, AZ 85007	Janice K. Brewer	Retirement Plan 100%	3
John L. Brewer Retirement IRA's c/o Fidelity Investments PO Box 77001 Cincinnati, OH 42577	John L. Brewer	Roth IRA Traditional IRA 100%	3
Janice K. Brewer Retirement IRA's c/o Fidelity Investments PO Box 77001 Cincinnati, OH 42577	Janice K. Brewer	Roth IRA Traditional IRA 100%	3
The Brewer Family Trust c/o MetLife Beneficiary Trust, Inc, BNY ChaseMellon Investor Services PO Box 4412 South Hackensack, NJ 07606	MetLife Beneficiary Trust shares held by The Brewer Family Trust, John L. and Janice K. Brewer, trustees	MetLife Beneficiary Trust 100%	3
The Brewer Family Trust c/o Fidelity Investments PO Box 77001 Cincinnati, OH 42577	Investments held by The Brewer Family Trust, John L. and Janice K. Brewer, trustees	Trust Investments 100%	3
Dr. John L. Brewer and Associates, PC Profit Sharing Plan Trust c/o Fidelity Investments PO Box 77001 Cincinnati, OH 42577	Investments held in corporate sponsored Trust, John L. Brewer as trustee for Dr. John L. Brewer and Associates, PC Profit Sharing Trust	Trust Investments 100%	3
Janice K. Brewer Annuity c/o Fidelity Investments PO Box 77001 Cincinnati, OH 42577	Retirement Annuity Janice K. Brewer	Annuity Investments 100%	3

FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate Jan Brewer
 Public Office Held or Sought Governor

Statement C - continuation of Page 9, question 16.

16. Business' Debtors

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS			
NAME OF DEBTOR	NAME OF CONTROLLED OR DEPENDENT BUSINESS TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
NNN/Mission Mallard Creek 1, LLC	The Brewer Family Trust	3	July 1, 2004 <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged
Stevie Glen Schwab	The Brewer Family Trust	2	March 5, 2009 <input type="checkbox"/> Incurred <input checked="" type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged